trinder the Phperwork Reduction Act of 1993, indipersons are required to respond to a collection of Pformation unless it hisplays, 3 years GMB control in imper-

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	See attached			
Filing Date				
First Mamed inventor				
Art Smt				
Examiner Name				
Attendey Cocket Number				

I hereby rev	oke all pro	vious powers of a	ttorney given in	the above	-identifi	ed ap	plicatio	n:	
A Powe	er of Attorn	ey is submitted here	ewith.						
OR:									
☑ Lhereb	y appoint th	ne practitioners ass	ociated with the C	ustomer N	umber:	29.6	83		
☑ Please o	change the	correspondence ad	dress for the abo	ve-identifie	d applic	ation t	o:		
The address associated with 29,683 Customer Number:									
OR									
Firm or Individua	Firm or Individual Name								
Address:							 •		
City				State	T		ZIP		
Country									
Telephone				Email					
I am the:									
Арр	licant/inven	tor,							
Assi Stat	ignee of rec	ord of the entire inter 37CFR 3.73(b) is	erest. See 37 CFI enclosed, (Form	R 3.71 <i>PTO/SB/9</i> 6	5)				
		SIGNATURE	of Applicant or As	signed of F	locord				
Signature	110	KIE .		<u>,</u>					
Name	Tuuli Ahava, Head of IPR, SNT								
Date				Telephone 358503828073					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Tetat of _	'on	ms are submitted.							

In a collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to produce), an application. Confidentially is-governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completes application form to the USPTO. Time will vary depending on the individual case. Any comments on the annual of time you require to complete this form another for recluding this burden should be sent to the Chief Information Officer. U.S. Patent and Tracemark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. GO NOT SEND FEES OR COMPLETED FORMS FO. THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

If you need assistance in completing the form, call 1-300-PTC-3199 and select colon $2\,$

USPTO USPTO Application Assignment Assignment Filing Date NSN Ref. No. Frame Reel 0983 012094 09/830028 15 Aug 2001 1998P98047WOUS 0781 020837 0870 011545 09/744750 24 Jan 2001 1998P98050WOUS 0677 020096 0054 020097 013792 0042 10/209195 2000P98082WOUS 01 Aug 2002 0001 020550 0250 018622 11/604755 2000P98015WOUS01 28 Nov 2006 0001 020550 0627 9053 11/783177 1996P98038US01 06 Apr 2007 0001 020550 0734 010441 09/381334 18 Nov 1999 1998P98052WOUS 0726 020837

PAP 42 2 2010 W

Statement Under 37 C.F.R. 3.73(b)

Owner: Nokia Siemens Networks Oy

Application No.: see attached

Nokia Siemens Networks Oy	(Type of Assignee)
(Name of Assignee)	(Type of Assignee)

states that it is:

the assignee of the entire right, title and interest in:

the patent applications identified on the attached list by virtue of assignment(s) from the inventor(s) of the patent application(s).

The assignments were recorded in the United States Patent and Trademark Office on the Reel and Frame numbers listed on the attached list.

The undersigned is authorized to act on behalf of the assignee.

Tuuli Ahava

Title: Head of IPR, SNT

12.2.2010 Date

USPTO USPTO Application Assignment Assignment **Filing Date** NSN Ref. No. Frame Reel 0983 012094 15 Aug 2001 09/830028 1998P98047WOUS 0781 020837 0870 011545 24 Jan 2001 09/744750 1998P98050WOUS 0677 020096 0054 020097 0042 013792 2000P98082WOUS 01 Aug 2002 10/209195 0001 020550 018622 0250 11/604755 28 Nov 2006 2000P98015WOUS01 0001 020550 0627 9053 11/783177 06 Apr 2007 1996P98038US01 0001 020550 0734 09/381334 010441 18 Nov 1999 1998P98052WOUS 0726 020837